COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS BUILDING AND SAFETY / LAND DEVELOPMENT

CALABASAS/MALIBU 26600 AGOURA

CALABASAS CA 91302 PHONE: (818) 880-4150 EXT:

0910

BUILDING PERMIT RESIDENTIAL ADD/ALT/REP BL 0910 1403040012

| LEGAL ID: TR: 8545 LT: 1 BL: .001 ASSESSOR INFORMATION NUMBER: | SQ. STRUCTURE: 0 GARAGE: OTHER: | NO. OF CONST FT STORIES TYPE 2 V-B | OCCUP GROUP R3 | TOPA CA 902904248 NEAREST CROSS STREET: THOMAS PAGE: 590 GRID: C | 2 LOCALITY: TOPANGA |
|---|--|--|---|---|---------------------|
| TENANT: | EXIST BLDG USE: EXIST OCC GRP: | | USE ZONE: XX | ISSUED ON: PROCESSED BY: 03/04/14 MAP | |
| OWNER: TEL. NO: ADAY, SCOTT IAN AND PEARL (310) 721-4 1830 ARTEIQUE RD TOPA CA 90290 | BLDGS. NOW ON LC | FEES | | FINAL DATE FINAL BY: 3/24/14 R, Bage DESCRIPTION OF WORK TEAR OFF EXISTING ROOF/INSTALL C | |
| APPLICANT: TEL. NO: FREEMAN, OLIVER (747) 444-8 10469 LARWIN AVE #4 CHATSWORTH CA 91311 | | SSUANCE BLDG FEE 1400.00 RESID 1400.00 | VAL 28.30 VAL 1.00 VAL 0.50 83.70 VAL 92.40 | SPECIAL CONDITIONS: | |
| | -8356- . NO 061 | TOTAL FEES | 205.90 | APPROVALS DATE LOCATION AND SETBACKS SOILS ENGINEER APPROVAL | INSPECTOR SIGNATURE |
| ARCHITECT OR ENGINEER: TEL. NO: | . NO: | | | FOUNDATION/TRENCH FORMS SLAB/UNDER FLOOR RAISED FLOOR FRAMING | |
| MAP NO: SEWER MAP BOOK: PAGE: FIRE ZONE: 153H109 V | CMP: | | | UNDERFLOOR INSULATION 1ST LEVEL FLOOR SHEATH | |
| NO. OF FAMILIES: DWELLING UNITS: APT/COND: STATE ON NO SCHOOL WITHIN HAZARDOUS AIR QUALITY: 1000 FEET MATERIALS | 21 | | | 2ND LEVEL FLOOR SHEATH ROOF SHEATHING 36// | J. Elbry |
| NO NO NO | | | | BLDG DEPT. FRAME INSPECT SHEAR PANELS | |
| | | | | INSULATION/WEATHER STRIP | |
| | | | | EXTERIOR LATH LOT DRAINAGE | |
| | | | | SMOKE DETECTION DEVICES FIRE DEPARTMENT APPROVAL | |
| | REPORT ID: DPR2 | 51 ROUTE | TO: BS0910 | | _ |

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code): Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

() I, as owner of the property, or my employees with wages as their sole compensation, will do (√) all of or () portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).

(_) I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License

() I am exempt from licensure under the Contractors' State License Law for the following reason:

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: http://www.leginfo.ca.gov/calaw.html.

| Date: | |
|---------------------------|------------------------|
| Signature of Property Own | er or Authorized Agent |

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class C39 License No. 9706

Date 3-4-14 Contractor Signature

WORKERS' COMPENSATION DECLARATION

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

I hereby firm under penalty of perjury one of the following

have and will maintain a certificate of consent to selfinsure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Kund 197735 / Policy Number

Phone Number

I certify that, in the performance of the work for which this permit is issued. I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions

Signature of Applicant

LOBBYIST ORDINANCE CERTIFICATION Complete this section for permits in **Unincorporated Los Angeles County only**

This is to certify that I, as permit applicant, am familiar with the requirements of Los Angeles County Code Chapter 2.160 et seg.. (relating to the Los Angeles County Lobbyist Ordinance) and that all persons acting on behalf of myself complied and will continue to comply therewith through the application process.

Applicant (Print Name)

Applicant Signature

| JOB ADDRESS | |
|-------------|--|
| LOCALITY | |

HAZARDOUS MATERIAL DECLARATION

Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal to or greater than the amount specified on the hazardous materials information guide?

No -IT Yes \square

Will the intended use of the building by the applicant or future building occupant require a permit for construction or modification from the South Coast Air Quality Management District (SCAQMD)? See permitting checklist for guidelines.

Yes Nο

I have read the hazardous materials information guide and the SCAQMD permitting checklist, I understand my requirements under the Los Angeles County Code Title 2, Chapter 220 Sections 220.100 through 220.140 concerning hazardous material reporting and for obtaining a permit from the SCAQMD.

ASBESTOS NOTIFICATION

Notification letter sent to AQMD and/or EPA

declare that notification of asbestos removal is not applicable to addressed project.

DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a Construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name

Lender's Address

By my signature below, I certify to each of the following: I am the property owner or authorized to act on the

property owner's behalf.

I have read this application and the information I have provided is correct.

I agree to comply with all applicable city and county ordinances and state laws relating to building construction.

I authorize representatives of this county to enter the above-identified property for inspection purposes.

Signature of Property Owner or Authorized Agent

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS BUILDING AND SAFETY / LAND DEVELOPMENT

CALABASAS/MALIBU # 0910 26600 AGOURA CALABASAS CA 91302 PHONE: (818) 880-4150 EXT:

MECHANICAL PERMIT ME 0910 1403130029

| Trans TR | | 1 | | | | | |
|--|----------------------------|--|--------------------------|----------------|--|---------|----------------------|
| LEGAL ID: TR: 8545 LT: 1 BL: .001 | | FEE DESCRIPTION: | FEES PAID QUANTITY: UOM: | AMOUNT: | BUILDING ADDRESS: 1830 ARTEIQUE RD TOPA CA 902904248 | | |
| ASSESSOR INFORMATION NUMBER: | | DESCRIPTION. | QUANTITI: UUM: | AMOUNT: | NEAREST CROSS STREE | т. | |
| 4441-033-037 | | 01 PERMIT ISSUANCE FEE 02 REFRIG COMP < 100 KB | 1.00 COM | 28.30 27.70 | | | LOCALITY: TOPANGA |
| TENANT: | | 32 APPLIANCE VENT | 2.00 VEN TOTAL FEES | 26.40 82.40 | ISSUED ON: PROCESSED BY: 03/13/14 MAP | PLAN BY | ?: |
| OWNER: | TEL. NO: | | | | FINAL DATE FINA | · A. 1 | CODE |
| | 310) 721-4319- | | | | 3 24 14 16 DESCRIPTION OF WORK | | CODE: |
| | | | | | REMOVE EXISTING HVAC UNIT LOCATION | ON ROOF | AND REINSTALL @ SAME |
| 5539 W PICO BLVD | TEL. NO: 323) 934-3838- | and the second s | | | - SPECIAL CONDITIONS: | | |
| LOS ANGELES CA 90019 | | NGELES | | | | | |
| CONTRACTOR: | TEL. NO: (323) 934-3838- | | | | APPROVALS | DATE | INSPECTOR SIGNATURE |
| 5539 W PICO BLVD LOS ANGELES CA 90019 | LIC. NO 676773 | 18 10 1 1 3 | | | FAU/WALL FURNACE | 1 | |
| and thousand the second | 070773 | | | 4 | COMBUSTION AIR OPENINGS | | |
| ARCHITECT OR ENGINEER: | TEL. NO: | | The Sale of Free | | DUCT WORK | | |
| | LIC. NO: | | | | AC/COMPRESSOR | | |
| | | | NE ANTON YOU | | THERMOSTAT | | |
| 7 y 2 | | | | | FIRE DAMPERS | | |
| | | | | | SMOKE DETECTION DEVICES | | |
| | | | | | COMMERCIAL HOOD | | |
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| | | REPORT ID: DPR264 | ROUTE TO: BS0910 |) | | | |
| | | I | | | | | |

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Date: 3-13-2014

Signature of Property Owner or Authorized Agent

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License Class C 20 License No. 676 777 3

Date _____ Confractor Signature_____ S

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Policy No. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My

workers' compensation insurance carrier and policy number are:

STATE FYM 1093963 10-1-2-1/4

Carrier Policy Number Expiration Date

Carrier Policy Number Phone Number

I certify that, in the performance of the work for which this permit is issued, I shall)not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code. I shall forthwith comply with those provisions

Signature of Applicant

3-13-2014

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Company Name

| JOB ADDRESS | |
|-------------|--|
| LOCALITY | |

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Yes

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Date 3-13- 2014